**Asthma Diagnosis Tool**

*Consider the diagnosis of asthma if patient states any of the following:*

- Family history of asthma, allergies or eczema
- Symptoms occur seasonally
- Symptoms when near chemicals, dusts, fumes at work
- Symptoms worsened by URI lasting longer than ten days, smoke, allergens or exercise

*And spirometry demonstrates obstruction and/or reversibility by an increase in FEV<sub>1</sub> of 12% or more after bronchodilator.*

Rule out co-morbid conditions. If in doubt, consult with an asthma specialist.

**Highest Level of Checked Box = Severity Level / Follow Severity Level Down to Find Treatment Step → See Treatment Stepwise Approach**

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Intermittent</th>
<th>Mild Persistent</th>
<th>Moderate Persistent</th>
<th>Severe Persistent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptoms:</strong></td>
<td>2x/week or less</td>
<td>More than 2x/week, not daily</td>
<td>Daily</td>
<td>Throughout the day</td>
</tr>
<tr>
<td><strong>Nighttime awakenings:</strong></td>
<td>2/x/month or less</td>
<td>More than 2x/month</td>
<td></td>
<td>More than 1x/week, often nightly</td>
</tr>
<tr>
<td><strong>Interference w/Normal Activity:</strong></td>
<td>None</td>
<td>Minor limitation</td>
<td>Some limitation</td>
<td>Extremely limited</td>
</tr>
<tr>
<td><strong>Short-acting B&lt;sub&gt;2&lt;/sub&gt;-agonist use:</strong></td>
<td>2 days/week or less</td>
<td>More than 2 days/week but not daily or more than 1x/day</td>
<td>Daily</td>
<td>Several times/day</td>
</tr>
<tr>
<td><strong>Lung Function:</strong></td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; more than 80% pred.</td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; more than 80% pred.</td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; 60-80% pred.</td>
<td>FEV&lt;sub&gt;1&lt;/sub&gt; less than 60% pred.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk</th>
<th>Exacerbations Requiring Oral Steroids:</th>
<th>Exacerbations Requiring Oral Steroids: consider severity and interval since last exacerbation</th>
<th>Exacerbations of any severity may occur in patients in any severity category.</th>
<th>Frequency and severity may fluctuate over time.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages: 0-1/year</td>
<td>Age 0-4: more than 2 in 6 months or more than 4 wheezing episodes/year lasting more than 1 day</td>
<td>All ages: more than 2/year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Treatment Step**

- **All ages: Step 1**
- **All ages: Step 2**
- **All ages: Step 3**; consider short course oral steroids option
- **Age 0-4: Step 3**: short course oral steroids option
- **Age 5-11: Step 3**: STEP 4 short course oral steroids option
- **Age 12 & over: Step 4 or 5**: short course oral steroids option

**Treatment for Persistent Asthma:**

- Daily inhaled steroids (see treatment stepwise approach)
- Assess response within 2-6 weeks

**For All Patients with Asthma:**

- Rescue medication for all ages, all severity levels: Short-acting B<sub>2</sub>-agonist PRN. Treatment intensity depends on symptom severity.
- Provide written Asthma Action Plan
- Identify & avoid triggers
- Flu vaccine recommended annually, pneumococcal vaccine for adults
- Review correct device technique each visit

Reference: National Heart, Lung, and Blood Institute’s Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma 2007, NIH Publication 07-4051. This tool was adapted from Washington Asthma Initiative materials.